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Aug 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705275 (6)
1. Corporation Name
FLORIDA SOCIETY OF ASSOCIATION EXECUTIVES, INC.



Principal Place of Business 106 E. COLLEGE AVE 810 TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 11119 TALLAHASSEE FL 32302-3119 US
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3. Date Incorporated or Qualified 03/04/1963	
4. FEI Number 59-6140583	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 231 Lafayette Circle	2a. Mailing Address 26 P.O. Box 11119
Suite, Apt. #, etc.	Suite, Apt. #, etc.
23 Tallahassee, FL 32303	28 Tallahassee, FL 32302-3119
24 32303 25 USA	29 32302-3119 30 USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HEIERMAN, SHARON G 106 E. COLLEGE AVE. STE. 810 TALLAHASSEE FL 32301		81 Name Heierman, Sharon G 82 Street Address (P.O. Box Number is Not Acceptable) 231 Lafayette Circle 83 84 City Tallahassee FL 85 Zip Code 32303	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TD <input type="checkbox"/> DELETE
NAME	BELROSE, BRUCE R
STREET ADDRESS	100 E. JEFFERSON ST
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	PPD <input type="checkbox"/> DELETE
NAME	PHELAN, WILLIAM J
STREET ADDRESS	307 W. PARK AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SCOVOTTO, LAWRENCE E.
STREET ADDRESS	200 E. GRANADA BLVD., #203
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BERRY, NANCY
STREET ADDRESS	222 S. WESTMONTE DR., #101
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D <input type="checkbox"/> DELETE
NAME	BEDNERIK, JON C
STREET ADDRESS	558 S. OSPREY AVE
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BRAINERD, JAMES S ESQ.
STREET ADDRESS	3159 SHAMROCK S.
CITY-ST-ZIP	TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Golden, Robert E.
1.3 STREET ADDRESS	3200 North Military Trail #100
1.4 CITY-ST-ZIP	Boca Raton, FL 33431
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Belrose, Bruce R.
2.3 STREET ADDRESS	106 E. JEFFERSON ST. P.O. Box 10024 MAILING ADDRESS
2.4 CITY-ST-ZIP	Tallahassee, FL 32302-2024
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scovotto, Lawrence E.
3.3 STREET ADDRESS	140 S. Atlantic Ave. Ste 303
3.4 CITY-ST-ZIP	Ormond Beach, FL 32176-6631
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Brainerd, S. James
4.3 STREET ADDRESS	3159 S. SHAMROCK P.O. Box 12129 MAILING ADDRESS 32304
4.4 CITY-ST-ZIP	Tallahassee, FL 32317-2129
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lynn, Dianne W.
5.3 STREET ADDRESS	650 Apalachee Pkwy.
5.4 CITY-ST-ZIP	Tallahassee, FL 32399-2300
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Hunter, William D.
6.3 STREET ADDRESS	123 S. Calhoun St., Ste 350
6.4 CITY-ST-ZIP	Tallahassee, FL 32301

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____ 4-30-98 222-7994

CR2037 (10/97)